

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936869

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		1		1		
5		2		1		
6		0		2		
7		0		2		
8		0		0		
9		0		2		
10		0		2		
11		0		2		
12		0		2		
13		0		2		
14		0		2		
15		0		2		
16		0		2		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		0		1		
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TOTAL IND.	3		4			
TOTAL DEP.	32		36			
TOTAL CLAIMS	35		40			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS